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JUN 27 2005

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7590 03/23/2005

Blakely Sokoloff Taylor & Zafman
12400 Wilshire Boulevard Seventh Floor
Los Angeles, CA 90025

06/28/2005 SFELEKE2 00000062 09863217

01 FC:1501 1400.00 OP
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T. J. DELGADO	(Depositor's name)
<i>[Signature]</i>	
6/22/05	
(Date)	

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09863,217	05/22/2001	Carl S. Marshall	10559-479001/ P11158	8946

TITLE OF INVENTION: REAL-TIME MULTI-RESOLUTION SHADOWS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	06/23/2005
EXAMINER	ART UNIT	CLASS-SUBCLASS			
WALLACE, SCOTT A	2675	345-426000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). <input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
SHARMINI N. GREEN 1 _____ 2 _____ 3 _____	

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

INTEL CORPORATION

SANTA CLARA, CALIFORNIA

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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Issue Fee
 Publication Fee (No small entity discount permitted)
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Authorized Signature _____

Edwin H. Taylor

Date **6/22/05**

Typed or printed name **EDWIN H. TAYLOR**

Registration No. **25,129**

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